

PROBATE INFORMATION FORM

Court File No.: _____

COMMONWEALTH OF VIRGINIA

(For appointment of executor, administrator, curator, and/or probate of a will without qualification.)

Circuit Court of _____

1. Decedent's full name _____ ☐ Married ☐ Single ☐ Divorced ☐ Widowed

2. Decedent's Residence address at death (street, city, state) _____

3. Date of birth _____ Date and place of death _____

4. Proof of death: ☐ Death certificate ☐ Obituary ☐ Other (specify) _____5. The decedent died: ☐ with a will ☐ without a will. Date of will (and codicils) _____6. Requested action: appointment of ☐ administrator ☐ executor ☐ curator ☐ probate of will

7. Name of person making request _____

8. Mailing address _____

9. Basis for request: ☐ executor named in will ☐ sole distributee ☐ other distributee ☐ creditor☐ other _____

10. Name of person seeking appointment _____

11. Day telephone _____ Night telephone _____

12. Residence address _____

13. Mailing address, if different _____

14. Name of any additional person seeking appointment _____

15. Day telephone _____ Night telephone _____

16. Residence address _____

17. Mailing address, if different _____

18. Name of assisting attorney, if any _____ Telephone _____

19. Attorney's mailing address _____

20. The total value of the decedent's real and personal estate ☐ did ☐ did not exceed \$10,000 on the date of death.

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE_____
PRINTED NAME OF REQUESTING PERSON_____
SIGNATURE OF REQUESTING PERSON

INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING APPOINTMENT21. Are you a person under a disability? ☐ yes ☐ no. (See Instructions for explanation.)22. Have you ever been convicted of a felony? ☐ yes ☐ no.23. Have you ever filed for bankruptcy? ☐ yes ☐ no.24. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? ☐ yes ☐ no. (if yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE_____
PRINTED NAME OF REQUESTING PERSON_____
SIGNATURE OF REQUESTING PERSON_____
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